

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Tollie H

Agent
 Addressee

B. Received by (Printed Name)

Tollie Hanks

C. Date of Delivery

10/05/07

address different from item 1? Yes
enter delivery address below: No

*07CV 884
POF CMF*

pe

<input checked="" type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail
<input type="checkbox"/> Registered	<input checked="" type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

2. Article Number

(Transfer from service label) *7007 1490 0000 0024 8127*

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

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- Print your name and address on the reverse so that we can return the card to you.

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Tollie H

Agent
 Addressee

B. Received by (Printed Name)

Tollie Hanks

C. Date of Delivery

10/05/07

address different from item 1? Yes
enter delivery address below: No

*07CV 884
POF CMF*

3. Service Type

<input checked="" type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail
<input type="checkbox"/> Registered	<input checked="" type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

2. Article

(Transfer from service label) *7007 1490 0000 0024 8165*

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

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COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Tollie H

Agent
 Addressee

B. Received by (Printed Name)

Tollie Hanks

C. Date of Delivery

10/05/07

address different from item 1? Yes
enter delivery address below: No

*07CV
884
POF CMF*

3. Service Type

<input checked="" type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail
<input type="checkbox"/> Registered	<input checked="" type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

2. Article Number

(Transfer from service label) *7007 1490 0000 0024 8134*

PS Form 3811, February 2004

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102595-02-M-1540

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- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.

■ Attach this card to the back of the mailpiece,

████████████████████████████

Arnold Holt
Kilby Correctional Facility
P.O. Box 150
Mt. Meigs, AL 36057

A. Signature

X *Todd Hawkes*

Agent
 Addressee

B. Received by (Printed Name)

Todd Hawkes

C. Date of Delivery
10/05/07

very address different from item 1? Yes
Enter delivery address below: No

07CV884
PO + CMP

3. Service Type

Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

2. Article Number

(Transfer from service label) 7007 1490 0000 0024 8158

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

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- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.

████████████████████████████

Leon Varner, Steward II
Kilby Correctional Facility
P.O. Box 150
Mt. Meigs, AL 36057

A. Signature

X *Todd Hawkes*

Agent
 Addressee

B. Received by (Printed Name)

Todd Hawkes

C. Date of Delivery
10/15/07

very address different from item 1? Yes
Enter delivery address below: No

07CV884
PO+CMP

3. Service Type

Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

2. Article Number

(Transfer from service label)

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT

SENDER: COMPLETE THIS SECTION

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- Attach this card to the back of the mailpiece.

████████████████████████████

M.A. Warren, Chief Steward
Kilby Correctional Facility
P.O. Box 150
Mt. Meigs, AL 36057

A. Signature

X *Todd Hawkes*

Agent
 Addressee

B. Received by (Printed Name)

Todd Hawkes

C. Date of Delivery
10/05/07

very address different from item 1? Yes
Enter delivery address below: No

07CV884
PO+CMP

3. Service Type

Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

2. Article Number

(Transfer from service label)

7007 1490 0000 0024 8110

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540